

AF/1642

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Application Number	09/331,376
Filing Date	JUNE 18, 1999
First Named Inventor	OYSTEIN FODSTAD
Art Unit	1642
Examiner Name	MINH TAM B. DAVIS
Attorney Docket Number	FDSTD-001A

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 007663

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The address associated with Customer Number: 007663

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

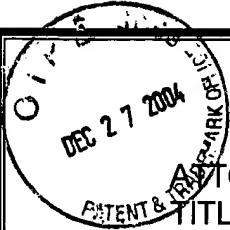
SIGNATURE of Applicant or Assignee of Record

Name	OYSTEIN FODSTAD 		
Signature			
Date	12/17/04	Telephone	((251) 460-6994)

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*Total of _____ forms are submitted.

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ATTORNEY DOCKET NO: FDSTD-001A
TITLE: METHOD FOR CHARACTERIZATION OF ABNORMAL CELLS

APPLICATION SERIAL NUMBER: 09/331,376 FILED: JUNE 18, 1999

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(to be used for all correspondence after initial filing)

		Application Number	09/331,376
		Filing Date	June 18, 1999
		First Named Inventor	Oystein Fodstad
		Art Unit	1642
		Examiner Name	Minh Tam B. Davis
Total Number of Pages in This Submission		Attorney Docket Number	FDSTD-001A

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>CERTIFICATE OF MAILING; RETURN RECEIPT POSTCARD.</p>
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